



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address State of GA., Dept. of Defense Civil Defense Division 959 E. Confederate Ave. P. O. Box 18055 Atlanta, GA 30316	Application Number 81-209	
Application Number		Date Received MAR 20 1981	Date Completed APR 1 1981
2. Person to Contact Vivian Tucker		Working Title Senior Secretary	Telephone Number 656-6167
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest _____ Latest _____		5. Records Series Title (followed by title used in office; if different) CIVIL DEFENSE CITY/COUNTY ORGANIZATIONAL LEGAL FILE	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? DIVISION: To implement and administer the Georgia Civil Defense Act of 1951 as amended, The Georgia Natural Disaster Operations Plan and the Georgia Nuclear Emergency Operations Plan. OFFICE: Administrative functions pertaining to state and federal legal and operational readiness requirements for local government civil defense organizations and federal legal and operational requirements for the state Civil Defense Division.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Qualification of local organization Included are: 1. Appointment Package: Letter of nomination from local officials; nominee's application; Field Coordinator's report; Governor's appointment letter; letters from State Director and Deputy Director. 2. Any letter of resignation from a local Director. 3. Local County Resolution and/or City Ordinance. 4. Approved Program Paper. 5. DCPA Form 856 - Assurance of Compliance & DCPA Form 860 - Compliance Checklist. 6. Loyalty Oath. 7. Plan Approval Package File is arranged: In alphabetic order by each county's name in State of Georgia then each folder chronologically by date.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>Daily</u> ; Seven to twelve months old <u>weekly</u> ; Thirteen to twenty-four months old <u>monthly</u> ; twenty-five months and older <u>X</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers <u>2</u> ; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
X		c. Is this a vital record?
X		d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? EACH COUNTY
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|----------------|-----------------------------------|----------------|
| a. State Law | _____ years. | d. Audit period | 3 _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | 2 _____ years. |
| c. Federal law | 3 _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) _____ year(s); then until a replacement (new) information is received; then remove from active file and place in inactive file; cut off inactive file at end of each calendar year; then
- ☒ Transfer to local holding area, hold 3 _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date												
<i>Billy J. Black Dep. Dir.</i>	3-18-81	<i>Frank R. Brent</i>	3-18-81												
<p>Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)</p> <table border="1"> <thead> <tr> <th></th> <th>State Records Committee (Signature)</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>State Auditor/Designee</td> <td><i>[Signature]</i></td> <td>4-1-81</td> </tr> <tr> <td>Secretary of State/Designee</td> <td><i>Carroll Hart</i></td> <td>3-30-81</td> </tr> <tr> <td>Attorney General/Designee</td> <td><i>[Signature]</i></td> <td>4-1-81</td> </tr> </tbody> </table>					State Records Committee (Signature)	Date	State Auditor/Designee	<i>[Signature]</i>	4-1-81	Secretary of State/Designee	<i>Carroll Hart</i>	3-30-81	Attorney General/Designee	<i>[Signature]</i>	4-1-81
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